

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit ARBY'S Remanent O Mobile Establishment Name Type of Establishment 1901 ALMAVILLE RD O Temporary O Seasonal Address Smyrna Time in 02:05 PM AM/PM Time out 02:38: PM AM/PM City 02/26/2024 Establishment # 605253056 Embargoed 0 Inspection Date Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

О3

Number of Seats 50

Follow-up Required

04

18	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	_		C
_					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	鼷	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	-MC	0			Management and food employee awareness; reporting	0	0	
3	×	0			Proper use of restriction and exclusion	0	0	٥
	IN	OUT	NA	NO	Good Hygienic Practices			
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×				Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	×	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	黨	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	243	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	×		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	X		Food additives: approved and properly used	0	0	5
26	2	0			Toxic substances properly identified, stored, used	0	0	°
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

trol the introduction of pathoge s, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori	-		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	r
33	0	Approved thawing methods used	0	0	7
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	ŀ
38	0	Personal cleanliness	0	0	г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	'
	OUT	Proper Use of Utensils			Π
41	0	In-use utensils; properly stored	0	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0		0	0	r

specti	ion	R-repeat (violation of the same code provision)			
		Compliance Status	COS	R	WT	
	OUT Utensiis and Equipment					
45	0	Food and norfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1	
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1	
47	0	Nonfood-contact surfaces clean	0	0	1	
	OUT	Physical Facilities				
48	0	Hot and cold water available; adequate pressure	0	0	2	
49	0	Plumbing installed; proper backflow devices	0	0	2	
50	0	Sewage and waste water properly disposed	0	0	2	
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1	
53	0	Physical facilities installed, maintained, and clean	0	0	1	
54	0	Adequate ventilation and lighting; designated areas used	0	0	1	
	OUT	Administrative Items	Т			
55	0	Current permit posted	0	0	0	
56	0	Most recent inspection posted	0	0		
		Compliance Status	YES	NO	WT	
		Non-Smokers Protection Act				
57		Compliance with TN Non-Smoker Protection Act	- X	0		
58		Tobacco products offered for sale	0	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0		

conspicuous manner. You have the right to request a he 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

m

02/26/2024

Down

02/26/2024

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Date

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15)) 6158987889 Please call (to sign-up for a class.

RDA 629

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: ARBY'S

Establishment Number #: |605253056

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	Т
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Garage type doors in non-enclosed areas are not completely open.	\top
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	\top
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	\top
Smoking observed where smoking is prohibited by the Act.	+

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
3 comp sink	Quat	200					

Equipment Temperature	
Description	Temperature (Fahrenheit)
Walk in cooler	35
Walk in freezer	1

Food Temperature Description	State of Food	Temperature (Fahrenheit
Ice cream mix in machine		37
Roast beef on slicer	Hot Holding	150
Chicken tenders warmer	Hot Holding	145
Chicken pattie warmer	Hot Holding	150
Sliced tomatoes make line cooler	Cold Holding	40
Sliced ham make line cooler	Cold Holding	40
Roast beef make line cooler	Cold Holding	39
Roast beef wic	Cold Holding	38
Slice tomatoes wic	Cold Holding	39

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: ARBY'S

Establishment Number: 605253056

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Employee health policy is present and posted on wall.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed great hand washing
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See food source
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: No raw animal products
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Not observed, discussed cooling
- 19: See food temps
- 20: See food temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

58:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Number: 605253056	Establishment Information	
Establishment Number: 605253056 Comments/Other Observations (cont'd) Additional Comments (cont'd)	Establishment Name: ARBY'S	
Additional Comments (cont'd)	Establishment Number: 605253056	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information								
	RBY'S							
Establishment Number #:	605253056							
Sources								
Source Type:	Food	Source:	Mcclane					
Source Type:	Water	Source:	Smyrna city					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Comme	nts							
Snorris@inspirebrar	nds.com							
Great job!								